

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>HW</i>	T5331	
O.I.P.E. CLASSIFIER		5	1-22-99
FORMALITY REVIEW		64861	1/28

INDEX OF CLAIMS

✓ Rejected
 - Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	5/3/00
2	✓	✓	5/10/00
3	✓	✓	5/11/01
4	✓	✓	10/21/01
5	✓	✓	7/25/02
6	✓	✓	9/29/02
7	✓	✓	11/13/03
8	✓	✓	4/6/03
9	✓	✓	6/26/03
10	✓	✓	
11	✓	✓	
12	✓	✓	
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If more than 150 claims or 10 actions
 staple additional sheet here